

DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT



Transaction Type New Set Up Change of Information Cancellation

Payee Information

Payee Name: _____
 Remittance Name*: _____ **if different from the payee name*
 Remittance Address: _____

Street Address City Province Postal Code Phone Number
 Remittance Email: _____
 Contact Name: _____ Phone Number: _____
 Contact Email: _____ **if different from the remittance email*

Banking Information

Name / Nom _____
 P.O. Box / C.P. 000 _____
 City / Ville, Canada H0H 0H0 _____
 Cheque No. / N° de chèque 0000000
 Pay to the order of / Payez à l'ordre de _____ \$ _____
 Dollars
 Signature _____
 "000" "00000"000 000000"0
Transit No. Financial Institution Account No.

Please attach a void cheque or bank confirmation letter to ensure the correct banking information is supplied and that the request originates from your company/organization.

Bank Name: _____
 Transit No.: _____ Institution No.: _____
 Account No.: _____

Please notify CIC immediately if your banking arrangements change, visit www.cicorp.sk.ca/contact-us to download a form. Send completed forms and void cheque or bank confirmation letter to accountspayable@cicorp.sk.ca.

Authorization

I hereby authorize Crown Investments Corporation of Saskatchewan (CIC) to direct payments electronically to the bank account listed above. I agree to submit an updated Electronic Funds Transfer (EFT) Authorization Agreement Form to CIC for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature: _____ Date: _____
 Printed Name: _____ Phone Number: _____

The individually identifiable and financial information on this form collected by CIC is used only for the purposes of payment of supplier invoices and will not be disclosed to anyone other than the claimant or his/her legal representative.

FOR CIC USE ONLY:

Vendor Number: _____ Entered by: _____ Date: _____ Reviewed by: _____ Date: _____